



Community Health Improvement Plan 2020 - 2023

Florida Department of Health in Seminole County

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Effective: July 1, 2020 - June 30, 2023

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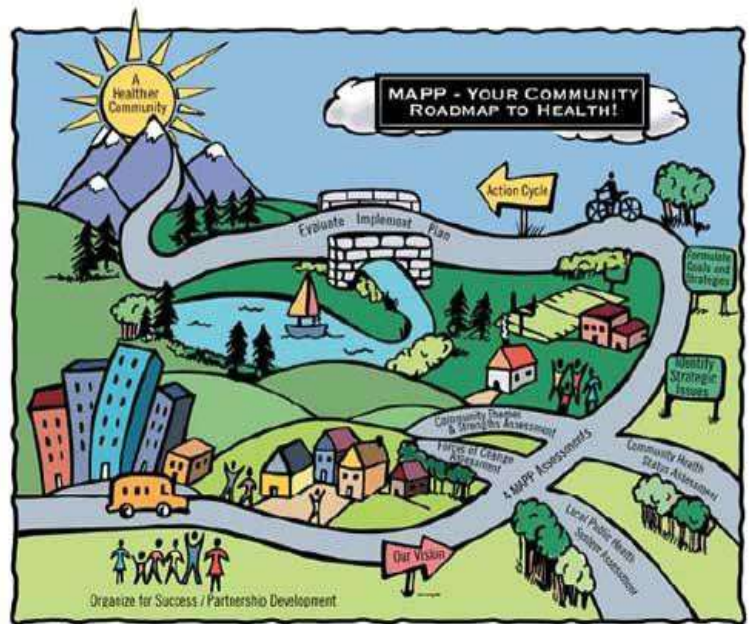
Debbie Quick

EXECUTIVE SUMMARY

The health of a community and associated outcomes is determined by various social, economic and environmental factors. As such, routine assessment of key community health indicators is core to public health and remains as a critical component to the broader community health improvement planning process. In 2019, the Florida Department of Health in Seminole County (DOH-Seminole) participated in a collaborative effort with hospitals and surrounding county health departments as well as other stakeholders and community partners to develop a comprehensive Community Health Needs Assessment (CHNA) ([Appendix A: CHNA](#)). A community health needs assessment is a process that uses both qualitative and quantitative methods to systematically collect and analyze health data to identify current trends and opportunities for improvement. Health data utilized for the CHNA included factors addressing health risks, quality of life, social determinants, inequity, mortality, morbidity, community assets, forces of change and how the public health system provides the ten essential public health services. The regional public health collaboration partnered with the consulting services of Strategic Solutions, Inc. to facilitate collection, analysis and evaluation of community data.

In 2019, DOH-Seminole engaged over one hundred community health partners in the development of the 2020-2023 Seminole County Community Health Improvement Plan (CHIP). The community-driven strategic planning process for improving community health, developed by the Centers for Disease Control and Prevention (CDC) and the National Association of County and City Healthy Officials (NACCHO), Mobilizing for Action through Planning and Partnership (MAPP), was the accredited framework utilized to develop the CHIP

([Appendix B: MAPP](#)).

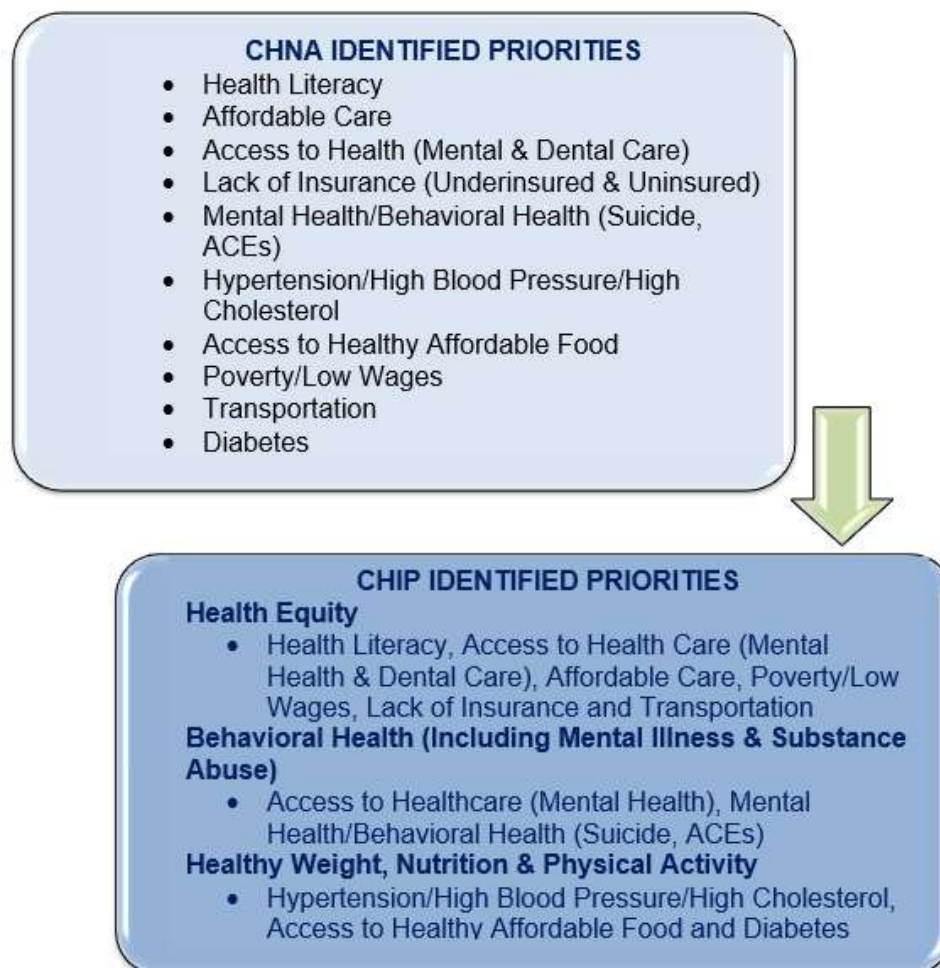


Facilitation of the MAPP and overall CHIP development was conducted in collaboration with Strategic Solutions, Inc. and partnering Florida Department of Health (FDOH)

agencies. As a result of the CHNA, 10 strategic health issues were identified for Seminole County. Health issues were then prioritized by the community health partners related to trending community health outcomes and larger scale emerging health issues, resulting in three priority areas (see diagram below). Three subcommittees were formed to address each strategic priority and action plans were developed to establish accountability towards obtaining measurable health improvements and quality outcomes.

As part of the Florida Department of Health's integrated public health system, a new CHNA and CHIP are required every 3-5 years by all 67 county health departments in Florida. Implementation of the CHIP is systematically monitored and evaluated with participation from dedicated community health partners. Measures of success and CHIP priority area action plans are reviewed and analyzed quarterly to promote plan progression, effectiveness of processes and to foster community health partnerships ([Appendix F: Annual Evaluation Report](#)).

The following diagram shows the selected 3-year CHIP priority areas:



COMMUNITY HEALTH IMPROVEMENT PROCESS

Long term positive health outcomes are not the result of happenstance. Strategic collection and assessment of key health data provides communities with critical information to determine the greatest local and national threats to health in addition to awareness of emerging health issues. Collaboration of community partners in the development, monitoring and evaluation of action plans that support prioritized health related issues establishes accountability towards obtaining measurable health improvements and quality outcomes.

Community health improvement planning is a long-term, systematic effort that addresses health problems based on the results of community health assessment activities, local public health system assessment and the community health improvement process. The resulting Community Health Improvement Plan (CHIP) is used by health and other government, educational and human service agencies, in collaboration with community partners, to set priorities, coordinate action plans and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It defines the vision for the health of the community through a collaborative process and addresses the strengths, weaknesses, opportunities and challenges that exist in the community to improve the health status of that community.

Based on the data provided in the Community Health Needs Assessment ([Appendix A: CHNA](#)), the Florida Department of Health in Seminole County (DOH-Seminole) collaborated with local community health partners in more than six planning sessions beginning in November 2019 to initiate a community-wide strategic planning process for improving community health utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) model. Developed by the National Association of County and City Health Officers (NACCHO), the MAPP framework is an accredited approach towards the creation and implementation of a community health improvement plan that focuses on long-term strategies that address multiple factors that affect the health of a community. The resulting 2020-2023 Seminole County Community Health Improvement Plan is designed to use existing resources wisely, consider unique local conditions and needs, assess policy changes required to obtain goals, and form effective partnerships for action.

KEY MAPP FINDINGS

Community Health Needs Assessment

The Community Health Status Assessment provided a “snapshot in time” of the demographics, employment, health status, health risk factors, health resource availability and quality of life perceptions. The Florida Department of Health in Seminole County conducted a Community Health Needs Assessment in collaboration with two area hospitals (Orlando Health and Advent Health), Aspire Health Partners, True Health, Orange Blossom Family Health Center, Osceola Community Health Services and the health departments of Osceola, Lake and Orange counties. Data from the U.S. Census Bureau, including the American Community Survey; Florida CHARTS; the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System Data (BRFSS); County Health Rankings; and hospital utilization data was employed in the Community Health Needs Assessment.

Major findings from the Community Health Needs Assessment for Seminole County include;

In 2019:

- Current population - 473,408
- Median household Income - \$66,494
- 8.7% of the population live below the federal poverty level
- 29.4% of the households have incomes under \$50,000
- 74.9% of the population is Non-Hispanic and 21.7% is Hispanic

In 2018, the leading causes of death were:

- Cardiovascular diseases
- Malignant neoplasm (cancer)
- Other causes (residual)
- External causes
- Respiratory diseases

Social determinants of health are defined as conditions in which people are born, grow, live, work and age. The Community Health Needs Assessment identified opportunities for improvement related to social determinants of health in areas such as economic stability, education, social and community context, health and health care and neighborhood and built environments. Social determinants of health affecting Seminole County residents include:

- Lack of affordable and adequate housing and homelessness
- Lack of access to affordable food

- Lack of good paying jobs, jobs with advancement options, job training and living wages
- Lack of transportation
- Adverse childhood experiences (ACEs)
- Increased need of behavioral and mental health services and lack of knowledge on where to go for help

Identified health inequities among specific demographic groups present an opportunity to focus services on population specific issues. For example, the following health inequities were identified in Seminole County:

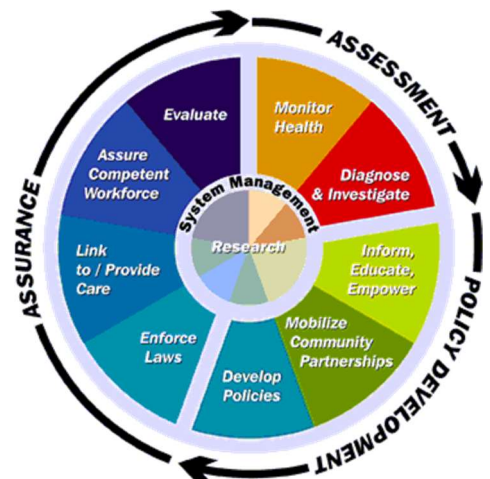
- Teens – Lack of housing and affordable nutritional food;
- Children – Adverse Childhood Experiences (ACEs) and parental stress on a child;
- Intravenous drug users – Endocarditis (infection inside the heart as a result of IV drug use), hepatitis C (due to needle sharing) and sexually transmitted diseases;
- Blacks in Seminole County have the highest rates of infant mortality per 1,000 births, colorectal cancer and asthma incidences, compared to Whites and Hispanics;
- Whites have the highest rates of breast and lung cancer incidence compared to Blacks and Hispanics.

In addition:

- Students diagnosed with asthma are up from 18.4% in 2010 to 22.8% in 2018
- Heart disease deaths have increased in Seminole County 2.0% between 2011 (137.7) and 2017 (140.5);
- Hispanics are less likely to die of heart disease, cancer, cardiovascular diseases and chronic lower respiratory disease than other races/ethnicities;
- Women are more likely than men to experience “silent” heart attacks, which have less recognizable symptoms like chest pain. This may explain why fewer women survive their first heart attack compared to men.

Local Public Health System Assessment

The National Public Health Performance Standards (NPHPS) Local Public Health System Assessment (LPHSA) report is designed to create a snapshot of where the health department is in relation to the National Public Health Performance Standards.



The information from the LPHSA serves as a foundation from which the health department and community health partners can progressively move toward refining and improving outcomes for performance across the public health system.

The LPHSA rates the local public health system's performance from Optimal Activity to No Activity. Based on the discussion and ratings, the Seminole County local public health system received high scores in the areas of Diagnosis and Investigation (100%), Educate/Empower (97.2%), Mobilize Partnerships (96.9%), Develop Policies/Plans (93.8%), Monitor Health Status (90.3%), Evaluate Services (80.8%), Enforce Laws (79.3%) and Assure Workforce (77.1%). These ratings indicate the Seminole County local public health system has optimal activity or performance in these specific areas. Although they received a significant activity score, the areas of Link to Health Services (75.0%) and Research/Innovations (61.1%) were identified as the areas for greatest opportunity.

It is important to note there were no Essential Service performance areas on the LPHSA that rated less than 50% or as having moderate, minimal or no activity. The overall scores for each Public Health Essential Service are presented in the following chart.

Optimal Activity (76-100%)	ES2 Diagnosis & Investigation, 100% ES3 Educate/Empower, 97.2% ES4 Mobilize Partnerships, 96.9% ES5 Develop Policies/Plans, 93.8% ES1 Monitor Health Status, 90.3% ES9 Evaluate Services, 80.8% ES6 Enforce Laws, 79.3% ES8 Assure Workforce, 77.1%
Significant Activity (51-75%)	ES7 Link to Health Services, 75.0% ES10 Research/Innovations, 61.1%
Overall Average Assessment Score	85.1%
<u>Color indicates:</u> Optimal Activity (75-100%) Significant Activity (51-75%) Moderate Activity (26-50%) Minimal Activity (1-25%) No Activity (0%)	

Forces of Change

The Forces of Change Assessment focuses on identifying forces such as legislation, technology and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?” The Forces of Change Assessment is one of the steps in the Mobilizing for Action through Planning and Partnerships (MAPP) process that the Florida Department of Health in Seminole County follows.

Based on the Forces of Change Assessment the following key findings were identified using data from the primary and secondary research. Prioritization exercises conducted for this CHNA by leaders representing Seminole County resulted in these top priorities:

1. Access to quality care: access to healthcare (undocumented and in general)
2. Communicable diseases: childhood immunizations
3. Communicable diseases: sexually transmitted infections
4. Communicable diseases: HIV/AIDS
5. Access to quality care: access to affordable healthcare
6. Prevention: screenings (i.e. diabetes, heart disease)
7. Physical activity/nutrition: promoting wellness through health education
8. Physical activity/nutrition: access to healthy food
9. Mental health: access to mental health services
10. Prevention: prevention initiatives for substance use (start at a young age)
11. Mental health: suicide prevention (targeting youth)

Community Themes & Strengths

The Community Themes and Strengths Assessment gathers thoughts, opinions and perceptions of community members to develop a meaningful understanding of impactful issues. Data from Community Conversations, Consumer Surveys and Stakeholder Interviews were collected, and the following themes identified:

• Chronic conditions
○ Obesity and overweight
○ Cancer
○ Hypertension/high blood pressure
○ Cardiovascular diseases
○ Diabetes
• Access to affordable healthcare
○ Availability of specialty medical care

○ Inappropriate use of the emergency department
○ Uninsured
○ Health literacy
○ Navigating the health care system
○ Dental hygiene/dental care
• Need for and access to mental health services
• Lack of exercise/physical health
○ Inactivity due to physical pain or poor emotional health
○ Need more and better bike and pedestrian friendly infrastructure
• High prevalence of substance use
• Food insecurity including access to quality, nutritious foods
• Poverty/low wages
○ Need more affordable housing
• Transportation

PRIORITY AREAS

Through the MAPP process ten priority areas were identified and then prioritized for Seminole County. The top three prioritized areas were selected by MAPP participants for action planning, monitoring and evaluation. The Seminole County Community Health Improvement Planning Committee designated a lead partner for each priority area and will work with other dedicated community health partners to implement, monitor and evaluate each action plan activity quarterly using a reporting tracking tool to promote plan progression, effectiveness of processes and foster community health partnerships ([Appendix F: Annual Evaluation Report](#)). Implementation of the action plans will ultimately strengthen the public health infrastructure, enhance planning, research and the development of community health partnerships, and promote and support the health, well-being and quality of life for Seminole County residents.

The selected 2020-2023 CHIP priorities, goals, strategies, objectives and activities are listed below.

PRIORITY 1: HEALTH EQUITY

Healthy People 2020 defines health equity as “The attainment of the highest level of health for all people. Achieving healthy equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”

Goal HE1:	Improve access to care for identified Seminole County residents who are less likely to receive quality and affordable services.
Strategy HE1.1:	Provide culturally and linguistically relevant health education and service awareness to Seminole County adults who are at high risk for developing chronic diseases and have limited access to appropriate health information and health services navigation.
Objective HE1.1.1:	Increase the number of Health Equity Advisory Board (HEAB) hosted community health events for each specific disparate population from one in 2019 to three every year, beginning in 2020.
	Organization(s) Responsible: DOH-Seminole and City of Oviedo
Activity HE1.1.1.1	By July 31, 2020, the Healthy Seminole Health Equity Subcommittee will reestablish an inclusive membership of stakeholders from six in 2019 to at least ten community partner organizations for the Health Equity Advisory Board (HEAB).
Activity HE1.1.1.2	By August 31, 2020, the HEAB will identify at least three disparate groups (Men, Racial/Ethnic, Age, LGBTQ+, etc.) as the target populations for the community health events.
Activity HE1.1.1.3	By July 31, 2020, the HEAB will identify Culturally and Linguistically Appropriate Services (CLAS) providers to participate and resources to distribute at the community health events.
Activity HE1.1.1.4	By July 31, 2020, the HEAB will identify a minimum of five chronic health conditions impacting the three identified disparate groups.
Activity HE1.1.1.5	By December 31, 2023, HEAB will conduct population specific surveys at each of the community health events to determine actual barriers to access to care.
Objective HE1.1.2:	Increase the number of referrals to True Health, the Federally Qualified Health Center (FQHC) in Seminole County from 1,590 in 2019 to 2,000 by December 31, 2021.
	Organization(s) Responsible: True Health
Activity HE1.1.2.1	By December 31, 2020, True Health will conduct a presentation to HEAB to provide information regarding the referral process to connect disparate groups to the services they need.
Activity HE1.1.2.2	By December 31, 2020, HEAB will distribute information regarding True Health services at three community events targeting disparate groups.
Activity HE1.1.2.3	By December 31, 2021, HEAB will identify at least three additional CLAS community providers, specific to the chronic health conditions identified, to present their referral process to HEAB.

Objective HE1.1.3:	Increase the percentage of Seminole County Hispanic adults who have a personal doctor from 46.6% in 2016 to 55% by December 31, 2023.
	Organization(s) Responsible: DOH-Seminole and Seminole county Planning
Activity HE1.1.3.1	By July 31, 2020, the Healthy Seminole Health Equity Subcommittee will reestablish an inclusive membership of stakeholders from six in 2019 to at least 10 community partner organizations for the Health Equity Advisory Board (HEAB).
Activity HE1.1.3.2	By December 31, 2020, the Health Equity Advisory Board will seek a Healthcare Navigation representative to join HEAB.
Activity HE1.1.3.3	By December 31, 2022, the Health Equity Advisory Board will create a Service Inventory to support knowledge and education for access navigation that will be used by all Healthy Seminole members to refer clients with clinical and non-clinical needs to the most appropriate service provider in Seminole County.

Policy and system level changes needed to address identified causes of health inequity:

No changes identified at this time.

Alignment & Resources: [Appendix D: CHIP Alignment](#) & [Appendix E: CHIP Assets & Resources](#)

Health Equity / Access to Care Plan Participants

Development of the Health Equity / Access to Care goals, strategies, objectives and activities were completed during the CHIP planning sessions by the community partners identified below, who have accepted responsibility for implementing strategies and completing objectives and activities. Partners are held accountable at quarterly meetings where progress toward goals, objectives and activities are discussed, including strategies to mitigate barriers to success.

NAME	ORGANIZATION	NAME	ORGANIZATION
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Debbie Lenzen	Oviedo Medical Center	Sara Osbourne	Orlando Health
Dhanu Mistry	DOH-Seminole	Sara Tarr	DaVita Labs
Enid Santiago	DOH-Seminole	Sarah Wright	DOH-Seminole

Eric Geboff	The Christian Sharing Center, Inc.	Sheyla Almedina	True Health
Jafet Rios	True Health	Venise White	DOH-Seminole
Ken Peach	Health Council of East Central Florida	Zeenat Rahman	DOH-Seminole
Kevin Baker	DOH-Seminole	Sarah Larsen	MetroPlan Orlando
Mary Moskowitz	Seminole County Government	Ben Williams	City of Oviedo

PRIORITY 2: Behavioral Health - Includes Mental Illness and Substance Abuse

Mental and emotional well-being enables individuals to realize their own abilities, cope with the normal stresses of life, work productively and contribute to his or her community.

Goal BH1:	Promote mental and emotional well-being for all Seminole County residents.
Strategy BH1.1:	Improve community awareness and engagement in mental health and substance abuse services.
Objective BH1.1.1:	By December 31, 2023, the number of Seminole County adults who self-report having frequent mental distress will decrease from 11.3% to 10%. Organization(s) Responsible: DOH-Seminole and Central Florida Cares
Activity BH1.1.1.1	By September 30, 2010, the Healthy Seminole Behavioral Health subcommittee members will gather and analyze all known and available community resource guides to compile a comprehensive listing of community mental health and substance abuse services with capacity to accept new clients, delineating services that offer low cost or free mental health and substance abuse services.
Activity BH1.1.1.2	By December 31, 2020, the Healthy Seminole Behavioral Health subcommittee will convene a Task Force comprised of community services providers who provide outreach services in Seminole County to collaborate on outreach activities which promote consistent and collaborative propagation of mental health and substance abuse services available in Seminole County.
Activity BH1.1.1.3	By April 30, 2021, the Healthy Seminole Behavioral Health subcommittee - Task Force will create a messaging charter to use during outreach activities which promote consistent and

	collaborative propagation of mental health and substance abuse services available in Seminole County.
Objective BH1.1.2:	By December 31, 2023, the number of deaths due to opioid use in Seminole County will decrease from 81 in 2019 to 75.
	Organization(s) Responsible: Seminole County Sheriff's Office and Advent Health
Activity BH1.1.2.1	By June 30, 2020 the Healthy Seminole Behavioral Health subcommittee will identify the baseline for the number of deaths due to opioid use in 2019.
Activity BH1.1.2.2	By 12/31/2020, Advent Health and the Seminole County Sheriff's Office (SCSO), in partnership, will open the Hope and Healing Center, a substance abuse facility, in Seminole County.
Activity BH1.1.2.3	By August 31, 2020, a Youth Council will be created which will address mental health and substance abuse prevention services for youth.
Activity BH1.1.2.4	By December 31, 2023, the Seminole County Sheriff's Office, in partnership with community providers and the judicial system, will initiate a voluntary opioid diversion program as an alternative to incarceration.
Objective BH1.1.3:	The suicide rate for young adults ages 19-21 years will decrease from 24.0 to 15.0 by 2023.
	Organization(s) Responsible: Central Florida Cares and No Limits
Activity BH1.1.3.1	Mobile Crisis Response services will be available to uninsured and underinsured Seminole County residents who are experiencing mental distress and need immediate intervention services.
Activity BH1.1.3.2	By July 31, 2021, funding for Youth Mental Health First Aid will be sought through grant opportunities which enable Seminole County behavioral health providers to receive free mental health first aid training.
Activity BH1.1.3.3	By December 15, 2023, Mental Health First Aide training will be offered to at least three community provider organizations who serve youth between the ages of 19-21 years.

Policy and system level changes needed to address identified causes of health inequity:

Local policy changes anticipated are: New policy to identify and refer individuals into the Opioid Diversion Program.

Alignment & Resources: [Appendix D: CHIP Alignment](#) & [Appendix E: CHIP Assets & Resources](#)

Behavioral Health - Includes Mental Illness and Substance Abuse

Development of the Behavioral Health - Includes Mental Illness and Substance Abuse goals, strategies, objectives and activities were completed during the CHIP planning sessions by the community partners identified below, who have accepted responsibility for implementing strategies and completing objectives and activities. Partners are held accountable at quarterly meetings where progress toward goals, objectives and activities are discussed, including strategies to mitigate barriers to success.

Name	Organization	Name	Organization
Elizabeth Aulner	AdventHealth	Erolia Delva	Healthy Start Coalition of Seminole County
Nikaury Munoz	Central Florida Cares	Nancy Norman	Safe Kids - SCSO
Donna Walsh	DOH-Seminole	Tish Callahan	Seminole County Emergency Management
Ana Scuteri	DOH-Seminole	Kelly Welch	DOH-Seminole
Hugh Harling Jr.	East Central Florida Regional Planning Committee	Michele Smith	Specialized Investigations-SCSO
Alton Williams	Evergreen Cemetery	Liz Buford	True Health
Cora Snead	Evergreen Cemetery	Sheyla Almedina	True Health
Jovana Armstrong	True Health	Chelsea Gonzalez	Advent Health
Latrice Stewart	True Health	Pernell Bush	No Limit Health & Education
Don Harris	Pearl Business Group		

PRIORITY 3: Healthy Weight, Nutrition & Physical Activity

Overweight and obesity are increasingly common conditions in the United States and in Florida. The accumulation of excess fat is a serious medical condition that can cause complications such as metabolic syndrome, high blood pressure, atherosclerosis, heart disease, type 2 diabetes, high blood cholesterol, cancers and sleep disorders.

Goal HW1:	Strengthen the capacity of local agencies and health and human services providers to identify and refer Seminole County residents to services which promote healthy weight, nutrition and physical activities.
Strategy HW1.1:	Improve healthy weight, nutrition and physical activities for Seminole county residents.

Objective HW1.1.1:	By December 31, 2023, participants enrolled in the Community Health Impact Council (CHIC) project at Advent Health Altamonte Springs, in partnership with Second Harvest Food Bank, will show a decrease in Hemoglobin A1c levels in 25 people, or 20% of total enrolled participants. Baseline value of 0 in 2019.
	Organization(s) Responsible: Advent Health and Second Harvest Food Bank
Activity HW1.1.1.1	Advent Health will identify patients with poorly controlled diabetes, frequent emergency room (ER) visits and food insecurity for participation in CHIC program (ongoing through December 31, 2023).
Activity HW1.1.1.2	By December 31, 2023, 100% of CHIC program participants will receive a voucher for a healthy food box and fresh produce.
Activity HW1.1.1.3	By December 31, 2023, 90% of CHIC program participants will receive quarterly monitoring and education visits with a healthcare provider.
Activity HW1.1.1.4	By December 31, 2023, 85% of CHIC program participants will attend a food demonstration conducted by a trained chef/nutrition educator to improve healthy cooking knowledge and skills.
Activity HW1.1.1.5	By December 31, 2023, 90% of CHIC program participants will receive quarterly nutrition education and biometric screenings.
Objective HW1.1.2:	By December 2023, participants enrolled in the CHIC project at Advent Health Altamonte Springs, in partnership with Second Harvest Food Bank, will show a reduction in ER visits in 19 people, or 15% of total enrolled participants.
	Organization(s) Responsible: Advent Health and Second Harvest Food Bank
Activity HW1.1.2.1	Advent Health will identify patients with poorly controlled diabetes, frequent ER visits and food insecurity for participation in the CHIC program (ongoing through December 31, 2023).
Activity HW1.1.2.2	By December 31, 2023, 100% of CHIC program participants will receive a voucher for a healthy food box and fresh produce.
Activity HW1.1.2.3	By December 31, 2023, 90% of CHIC program participants will receive quarterly monitoring and education visits with a healthcare provider.
Activity HW1.1.2.4	By December 31, 2023, 85% of CHIC program participants will attend a food demonstration conducted by a trained chef/nutrition educator to improve healthy cooking knowledge and skills.

Activity HW1.1.2.5	By December 31, 2023, 90% of CHIC program participants will receive quarterly nutrition education and biometric screenings.
Objective HW1.1.3:	Seminole County School District, in partnership with Second Harvest Food Bank, will increase the number of school markets from zero in 2019 to two by December 2023.
	Organization(s) Responsible: Seminole County Public Schools and Second Harvest Food Bank
Activity HW1.1.3.1	By March 31, 2020, the DOH-Seminole and Healthy Seminole Healthy Weight, Nutrition & Physical Activity subcommittee representatives will attend the Health and Hunger Task Force meeting at Second Harvest Food Bank to develop partnerships for collaboration.
Activity HW1.1.3.2	By April 15, 2020, the Second Harvest Food Bank of Central Florida will present a model of the school market at the School Health Advisory Committee meeting.
Activity HW1.1.3.3	By December 31, 2020, the DOH Seminole School Health program manager will connect with the Seminole County Public School (SCPS) representative that oversees the School Market curriculum.
Activity HW1.1.3.4	By January 15, 2021, the Second Harvest Food Bank of Central Florida will conduct a presentation to SCPS board / superintendent and/or individual school leadership.
Activity HW1.1.3.5	By June 30, 2021, members from the Healthy Seminole Healthy Weight, Nutrition and Physical Activity subcommittee will visit one existing school food market in another county.
Activity HW1.1.3.6	By July 31, 2021, the Healthy Seminole Healthy Weight, Nutrition and Physical Activity subcommittee will identify two potential school partners to implement the school market curriculum.
Activity HW1.1.3.7	By December 1, 2023, the Healthy Seminole Healthy Weight, Nutrition and Physical Activity subcommittee will compile a list of success stories, highlight the rate of growth in the number of markets, and show increased usage of meals. This information will be presented to the SCPS board.
Objective HW1.1.4:	By December 31, 2023, The Healthy Seminole Healthy Weight, Nutrition & Physical Activity subcommittee will identify capital infrastructure improvements needed to improve safety and walkability in at least two Seminole County neighborhoods.
	Organization(s) Responsible: East Central Florida Planning Council and DOH-Seminole
Activity HW1.1.4.1	By July 15, 2020, the Healthy Seminole Healthy Weight, Nutrition and Physical Activity subcommittee will identify the community and resident representatives to provide leadership in capital infrastructure improvements.

Activity HW1.1.4.2	By November 1, 2020, the Healthy Seminole Healthy Weight, Nutrition and Physical Activity subcommittee will host at least two community Town Halls to determine resident needs/wants pertaining to capital infrastructure improvements in their communities.
Activity HW1.1.4.3	By December 15, 2020, members of the Healthy Seminole Healthy Weight, Nutrition and Physical Activity subcommittee will conduct observation of identified areas.
Activity HW1.1.4.4	By January 31, 2022, the Healthy Seminole Healthy Weight, Nutrition and Physical Activity subcommittee will identify key municipality leaders capable of acting on recommendations for capital infrastructure improvements.
Activity HW1.1.4.5	By July 31, 2022, the Healthy Seminole Healthy Weight, Nutrition and Physical Activity subcommittee will present recommendations for capital infrastructure improvements to identified key municipality leaders.

Policy and system level changes needed to address identified causes of health inequity:

Local policy changes anticipated are: (Objective 3.3) New/updated SCPS policy regarding school food markets. (Objective 3.4) Possible legislation to fund identified capital infrastructure improvements.

Alignment & Resources: [Appendix D: CHIP Alignment](#) & [Appendix E: CHIP Assets & Resources](#)

Healthy Weight, Nutrition & Physical Activity

Development of the Healthy Weight, Nutrition & Physical Activity goals, strategies, objectives and activities were completed during the CHIP planning sessions by the community partners identified below, who have accepted responsibility for implementing strategies and completing objectives and activities. Partners are held accountable at quarterly meetings where progress toward goals, objectives and activities are discussed, including strategies to mitigate barriers to success.

Name	Organization	Name	Organization
Cynthia Hawley	AdventHealth	Herronda Mortimer	DOH-Seminole
Leslie Sue Lieberman	American Association of University Women	Amanda Beal	DOH-Seminole
Amanda Day	Best Foot Forward	Luis Nieves-Ruiz	East Central Florida-Regional Planning Council
Christina Hyson	City of Casselberry	Reginald Mells	FDOT District 5-reThink Your Commute

Susan Mulligan	DOH-Seminole	Peter Willems	Hispanic Health Initiative, Inc.
Mirna Chamorro	DOH-Seminole	Tenesha Wells-Eason	SCPS-Early Learning Department (Great Start Pre-K)
Kelly Welch	DOH-Seminole	Karen Broussard	Second Harvest Food Bank of Central Florida
Maureen Denizard	DOH-Seminole	Amanda Sintes	Second Harvest Food Bank of Central Florida
Gigi Rivadeneyra	DOH-Seminole	Dan Ryan	The Christian Sharing Center, Inc.
Emily Haller	DOH-Seminole	Christine Watkins	South Seminole Community Association for Progress



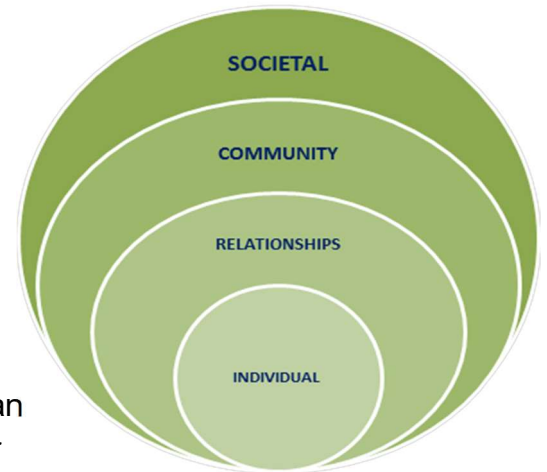
December 2019 – DOH-Seminole Healthy Seminole members participating in break out groups to identify goals, strategies and objectives for each priority area.

APPENDIX A: Community Health Needs Assessment

Public Health Framework

The Social-Ecological Model of Health (SEM) is used to holistically describe four social levels of influence that explain the complex interaction between individuals and the social context in which they live, work and play.

Health and well-being is shaped not only by behavior choices of individuals, but also by complex factors that influence those choices. The SEM provides a framework to help understand the various factors and behaviors that affect health and wellness. This model can closely examine a specific health problem in a setting or context.



PRIMARY

- Consumer Surveys
- Provider Surveys
- Stakeholder In-Depth Interviews
- Community Conversations
- Collaboration County-Level Themes

SECONDARY

- U.S. Census Bureau
- Florida CHARTS
- County Health Rankings
- Hospital Utilization Data
- Healthy People 2020
- American Community Survey
- U.S. Department of Health & Human Services
- Hospital Claims Data
- Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (CDCP BRFSS)

In order to promote identification and prioritization of specific areas for improvement, CHNA data outcomes were reviewed with Community Health Improvement participants at the first face-to-face planning meeting held on August 23, 2019. For comparison, Seminole County data was measured against the performance of the State of Florida as a whole, as well as Healthy People 2020 (HP2020) objectives. Healthy People is an initiative of the U.S Department of Health and Human Services that provides empirically based national objectives for improving the health of Americans.

Data highlights included the following:

County Health Rankings Source: County Health Rankings-2019	Rank
	Seminole County
Health Outcomes	3
Length of Life (Mortality)	4
Quality of Life (Morbidity)	7
Health Factors	2
Health Behaviors	10
Clinical Care	5
Socioeconomic	3
Physical Environment	23

County Health Rankings are published by the University of Wisconsin Population Health Institute and The Robert Wood Johnson Foundation to help counties understand what influences the current health of residents, (Health Outcomes) and the health of a county in the future (Health Factors). Health Outcomes, comprised of Length of Life and Quality of Life and Health Factors comprised of Health Behaviors (weighted at 30 percent), Clinical Care (20 percent), Social and Economic Factors (40 percent) and Physical Environment (10 percent). This results in a numerical ranking given to each county in a state.

Out of the 67 counties within the State of Florida, Seminole ranks 4th in overall health outcomes and 4rd in overall health factors. These rankings remain consistent with previous year's results. Since 2011 Seminole has ranked within the top 5 counties for both health outcomes and factors.

Cardiovascular Diseases and Malignant Neoplasm (cancer) are the leading causes of death in Seminole County. Heart Disease deaths have increased in Seminole County 2.0% between 2011 (137.7) and 2017 (140.5). While age-adjusted colorectal cancer incidence has decreased from 2012 (36.6) to 2016 (31.1), age adjusted female breast cancer incidence has increased during this same time period - 2012 (110.3) to 2016 (114.2).

TOP 10 LEADING CAUSES OF DEATH, AGE-ADJUSTED SEMINOLE COUNTY (RATE PER 100,000 POPULATION) (2012-2017)			
CAUSE OF DEATH	2015	2016	2017
CANCER	154.7	156.7	150.7
HEART DISEASE	141.8	145.4	140.5
CEREBROVASCULAR	45.2	49.7	50.3
CHRONIC LOWER RESPIRATORY DISEASE	41.1	39.0	39.3
UNINTENTIONAL INJURY	41.1	39.6	47.2
DIABETES MELLITUS	22.6	19.2	20.3
ALZHEIMER'S DISEASE	26.5	25.2	19.8
SUICIDE	11.0	14.4	11.8
NEPHRITIS, NEPHRONTIC SYNDROME, NEPHROSIS	11.7	10.3	11.5
INFLUENZAS & PNEMONIA	8.1	8.3	10.9

ADDITIONAL CHNA DATA

Data regarding the below county attributes was also provided to community health improvement planning participants during the first meeting held in August 2019.

Seminole County Community Data	
<ul style="list-style-type: none"> - Demographics - Economic Conditions - Education - Birth Characteristics - Social & Economic Factors - Healthcare Access - Economic Hardship 	<ul style="list-style-type: none"> - Unemployment Rates - Preventative Care - Chronic Conditions - Injuries - Quality of Life/Mental Health - Behavioral Risk Factors - Essential Services

In an effort to continually educate the community about factors impacting public health, The Florida Department of Health in Seminole County invested in a community intelligence platform in 2019 called *MySidewalk*. The site is open to the public and is updated as new information become available. The intent of this platform is to drive progress through data. It allows data and information to tell the story of how the work of community engagement, health care, health promotion and education impact community health. Through the efforts of the health department's internal Data Integration Team with the support of leadership, the Seminole County *MySideWalk* Dashboard was officially launched to the public in June 2020.

APPENDIX B: MAPP Process

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-wide strategic planning framework for improving public health. MAPP helps communities prioritize their public health issues, identify resources for addressing them, and implement strategies relevant to their unique community contexts.

MAPP helps communities use broad-based partnerships, performance improvement and strategic planning in public health practice. This approach leads to the following:

- Measurable improvements in the community's health and quality of life;
- Increased visibility of public health within the community;
- Community advocates for public health and the local public health system;
- Ability to anticipate and manage change effectively; and
- Stronger public health infrastructure, partnerships and leadership

There are four assessments that inform the entire MAPP Process:

Community Themes and Strengths Assessment provides qualitative information on how communities perceive their health and quality of life concerns as well as their knowledge of community resources and assets.

Local Public Health System Assessment is completed using the local instrument of the National Public Health Performance Standards program (NPHPSP). The NPHPSP instrument measures how well public health system partners collaborate to provide public health services based on a nationally recognized set of performance standards.

Community Health Status Assessment provides quantitative data on a broad array of health indicators, including quality of life, behavioral risk factors, and other measures that reflect a broad definition of health.

Forces of Change Assessment provides an analysis of the positive and negative external forces that impact the promotion and protection of the public's health.

Source: National Association of County & City Health Officials (NACCHO)

<http://archived.naccho.org/topics/infrastructure/mapp/upload/MAPPfactsheet-systempartners.pdf>

APPENDIX C: County Profile

Seminole County, FL



Seminole County is located in East Central Florida just north of Orlando. With an estimated population of 473,408 (as of July 1, 2019), according to the U.S. Census Bureau. Seminole County is also the most densely populated county in Central Florida with a total land area of 309.5 square miles. The county is comprised of seven cities and six unincorporated areas represented by 26 zip codes and 86 census tracts as of the 2010 Decennial Census. The median household income is \$66,494 and 8.7% of Seminole County residents are living in poverty. Median household

income is the most widely used measure for income since it is less impacted by high and low incomes. A family's income has the ability to define their access to affordable housing, healthcare, higher education opportunities and food. 2.6% of the population is unemployed (as of September 2019).

The life expectancy at birth is 80.3 which is slightly higher than the state rate of 78.7 years. The racial makeup of the county consists of Whites (78.9%), Blacks/African Americans (12.9%), and Other (8.2%). More than half (51.7%) of the population in Seminole County are female and 48.3% are male. Overall, the age distribution of Seminole County shows a higher percentage of younger population; only 15.5% are 65 years and above.

Seminole county residents with higher education are more likely to have jobs that provide sustainable incomes and health promoting benefits such as health insurance, paid leave and retirement. Six percent of the adult population in Seminole County have not attained a high school diploma. This is lower than the State (12%). 93% of the Seminole County adult population have earned a high school diploma or greater which is 4% higher than the State.

Mental Illness and substance abuse issues impact the social and mental health of Seminole County citizens. The mental health provider ration is 667 people per one mental health provider in Seminole county which is equivalent to the ratio seen across the State. Bring driving impacts a larger percentage of the Seminole County adult population (21%) versus the State (18%).

APPENDIX D: CHIP Alignment

Both National and State health improvement priorities were considered during the development of the 2020-2023 Seminole County Community Health Improvement Plan. The following diagram provides a visual representation of these alignments.

2020-2023 Seminole CHIP	2020-2023 DOH- Seminole Strategic Plan	2017-2021 DOH Agency SHIP	2016-2020 DOH Agency Strategic Plan	Healthy People 2020
Health Equity Goal: Improve access to care for identified Seminole County residents who are less likely to receive quality and affordable services.	Priority Area 1 Health Equity Priority Area 2 Long Healthy Life	SHIP Priority 1 Health Equity	Strategic Priority – Health Equity Goal: Ensure Floridians in all communities will have opportunities to achieve healthier outcomes.	LHI 1 Access to Health Services AHS-3 Increase the proportion of persons with a usual primary care provider
Behavioral Health (Includes Mental Illness and Substance Abuse) Goal: Improve community awareness and engagement in mental health and substance abuse services.		SHIP Priority 6 Behavioral Health – Includes Mental Illness & Substance Abuse	Strategic Priority Long, Healthy Life Goal: Increase healthy life expectancy, including the reduction of health disparities to improve the health of all groups.	MHMD-1 Reduce the suicide rate. MHMD-4.1 Reduce the proportion of adolescent aged 12-17 years who experience major depressive episodes (MDEs).
Healthy Weight, Nutrition and Physical Activity Goal: Strengthen the capacity of local agencies and health and human service providers to identify and refer Seminole County residents to services which promote healthy weight, nutrition and physical activities.		SHIP Priority 5 Healthy Weight, Nutrition & Physical Activity		NWS-9 Reduce the proportion of adults who are obese. NWS-10.4 reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese.

APPENDIX E: Assets & Resources

SEMINOLE COUNTY COMMUNITY HEALTH ASSETS & RESOURCES	
<ul style="list-style-type: none"> • County Commissioners, leaders, employees (workforce of agency), students, diverse population • Civic groups: Rotary, Lions Club, Chambers of Commerce • Central Florida Partnerships (public, private, independent businesses) • Libraries: Seminole County, computers, books, presentations, workshops, College Libraries (research) • Money: banks, affordable housing, subsidized breakfast/lunch at schools, service fees • Government agencies: Seminole County, 7 municipalities/cities, DOH-Seminole • Areas Agency on Aging - East Central Florida. Regional Council, MetroPlan Orlando, Law Enforcement, • Affordable Health Care Act (AHCA)/Medicare/Medicaid • Grants/donations: foundation, state/federal government, NOAA (weather), CDC, DEO (Department of Economic Opportunity), Economic Development Administration) • Churches/faith-based: Catholic Charities, Methodist, Lutheran, etc., Health ministries of local churches • Technology: cell phone, computer, apps, fitbits, GPS • Non-governmental agencies • Hispanic Health Initiative, Shepherd's Hope, Center for Multicultural Wellness and Prevention (CMWP), True Health, Meals on Wheels, Kids House • Federally funded programs: WIC, Healthy Start, Tobacco, School Health, Head Start, County Community Integrated Mobile Health Services (CIMHS) • Healthy Seminole Collaboration 	<ul style="list-style-type: none"> • Healthcare providers/primary care/hospitals • Public transportation: Lynx, Sunrail, taxi, Uber, investment in future self-driven cars • Food Bank, Senior Resource Alliance, Second Harvest Food Bank of Central Florida, Feed the Need, Harvest Time International, The Christian Sharing Center, Inc. • Seminole County Public Schools • Community Parks and Trails • Meals on Wheels • School-based sealant program • Boys & Girls Club/Boys Town • Leadership Seminole • Homeless Coalition taskforce • Families in Need program • Seminole State College/University of Central Florida (UCF) • Food Trucks • Farmer's market (Fresh Stop, mobile farmer's market) • Emergency Management (EMS) • University of Florida Extension Services • YMCA • Silver Sneakers/Senior Group • Nemours, Orange Blossom Family Health Center, Epilepsy Association • Head Start • Vision Quest • BJs, Publix, Walgreens, other Businesses • Hebni Nutrition Fresh Stop bus • Domestic Violence Shelters (Safe House) • Suicide Prevention Lifeline • Human Trafficking (Sheriff's Office) • Autism screening and 5-2-1-0 – Nemours • MRC/Red Cross • Salvation Army • Seminole Prevention Coalition

APPENDIX F: Annual Evaluation Report

Florida Department of Health in Seminole County Community Health Improvement Plan Progress Reporting Tool

DOH Seminole utilizes the VMSG (Vision, Mission, Services, and Goals) Dashboard which is a cloud-based, real-time, performance management system designed specifically to assist public health departments in the development, implementation and performance management of the Strategic and Operational Planning process from beginning to end. Priority areas, goals, strategies, objectives and action items are entered into the system, following extensive community input, and task leaders are assigned to maintain documentation towards progress.

Strategic Issue Area:



Goal:

Strategy:



Objective : SMART Objective which includes the baseline value, baseline year, target value and target date.

Objective % Done: **0 %** Activities Sum: **0**

Status	Number	Activity Team	Activity	Performance Metric and Data Source	Status / Progress
	2.1.1.1				
	2.1.1.3				
	2.1.1.4				

Strategic Issue Area:



Goal:

Strategy:



Objective : SMART Objective which includes the baseline value, baseline year, target value and target date.

Objective % Done: **0 %** Activities Sum: **0**

Status	Number	Activity Team	Activity	Performance Metric and Data Source	Status / Progress
	2.1.1.1				
	2.1.1.3				
	2.1.1.4				

APPENDIX G: Data Sources & References

DEMOGRAPHICS
<ul style="list-style-type: none"> • U.S. Census Bureau: State and County QuickFacts-Seminole County, Florida. Accessed November 8, 2016 • USA County Information-Seminole County, Florida. http://www.usa.com/seminole-county-fl.htm. Accessed February 25, 2020. • Florida Legislature’s Office of Economic and Demographic Research - Seminole County Profile. Accessed February 25, 2020. • Seminole County Crime Statistics. Florida Department of Law Enforcement. Accessed February 25, 2020. • Florida Department of Education - Seminole County School District Graduation Rates. Accessed February 25, 2020. • United Way ALICE report – Seminole County. (https://www.uwof.org/sites/uwof.org/files/18UW%20ALICE%20Report_COUNTY_FL_10.31.18.pdf) Accessed February 25, 2020
HEALTH INFORMATION
<ul style="list-style-type: none"> • Seminole County FDOH CHARTS County Profile. Accessed February 24, 2020. • County Health Rankings & Roadmaps 2019. http://www.countyhealthrankings.org/app/florida/2016/rankings/seminole/county/outcomes/overall/snapshot. Accessed February 25, 2020. • Seminole County FDOH CHARTS Pregnancy & Young Child Profile. Accessed February 24, 2020. • Seminole County FDOH CHARTS School-aged Child & Adolescent Profile. Accessed February 25, 2020 • FDOH Communicable Disease Frequency Report. Accessed February 25, 2020. • FDOH CHARTS - Transmittable Disease Cases & Morbidity. Accessed February 25, 2020. • Community Environmental Health Profile Report, Seminole County. Florida Department of Health, Environmental Health Tracking Tool
ADDITIONAL HEALTH INFORMATION
<ul style="list-style-type: none"> • Florida Department of Health in Seminole County. Demographic Report by Site. • Florida Department of Health in Seminole County. Annual Health Report 2019. • Infant Mortality in Seminole County, FL. by Census Tract • Seminole County Census Tracts with Greatest Number of Infant Deaths • Infant Mortality Counts and Rates by Census Tract